

MEDICATION REQUEST FORM FOR CO-MANAGED VA PATIENTS

Baraboo Veterans Outpatient Clinic
1670 South Boulevard
Baraboo, WI 53913
(608) 356-9318
Fax # (608) 356-9321

THE VA DOES NOT PROVIDE A PHARMACY SERVICE FOR NON VA PRESCRIPTIONS. However, **we will review non-VA provider (NVAP) prescriptions** as a courtesy to our veterans as long as the procedures below are followed. The prescription(s) must be reviewed and rewritten by the patient's VA provider, so please allow **30 days** for processing. The patient is expected to purchase the initial 30 day supply.

1. All new prescriptions must be accompanied by this completed form
2. Include supporting progress notes, discharge summary (if hospitalized), and/or labs specific to the requested medication
3. The VA formulary must be adhered to (please see www.madison.va.gov/dualcare)
4. Prescriptions that need to be renewed at the VA, will be reviewed by the VA provider as they expire. Additional documentation may be required from the outside providers at this time.
5. When discontinuing any medication, this should be sent to the VA provider along with supporting documentation

To be completed by the **PATIENT**:

Patient Last Name _____ First Name _____

Patient Last Four of Social Security # _____ Date of Birth _____

Patient Daytime Telephone # _____

Name of VA Provider and Team _____

To be completed by the **NON-VA PROVIDER**:

Provider Name _____

Provider Telephone # _____ FAX # _____

Please circle: NEW RX CHANGE IN EXISTING RX

Please attach a copy of all requested prescriptions